<u>Family Medicine Residency</u> <u>In-house III (SS) Rotation (updated June 2021)</u> Devan Trull DO and Melissa Mooney MD

#### **Rotation Goal**

Admission, evaluation, treatment and appropriate specialty consultation of adult hospitalized patients from either the ER, outpatient transfer, or directly from the UT clinic. Additionally, medical consultation on hospitalized patients is performed as a 3<sup>rd</sup> year resident. 3<sup>rd</sup> year decisions and behaviors should mimic those of independent practice as allowed by faculty. During this rotation, residents will become familiar with the following goals:

- improve skills in and assist/instruct interns/medical students
- obtain adequate information through history and physical examination with assistance as needed from faculty.
- write admission orders including labs for further diagnostic evaluation and treatments.
- evaluate patients with unstable vital signs and incorporating ACLS protocol into resuscitation of patients as needed.
- use of quality care markers and published guidelines for specific disease states such as congestive heart failure exacerbation, acute coronary syndromes, and pneumonia.
- discuss overall situation, plan of care and prognosis of patients who are being admitted to the hospital.
- function as hospital team leader with emphasis on overseeing care for patients in all hospital settings and delegation of responsibility to lower level residents.
- perform initial medical consultation as requested by private specialty physicians.
- participate in the review of new admissions, initial orders and diagnostic testing for understanding of acceptable variations in care plan/management protocols.

### **Supervision**

Supervision is provided by direct observation by and verbal consultation of faculty.

## **Rotation Objectives**

By the end of the Internal Medicine In-house III rotation, PGY III residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. Since competencies mastered in the first year of residency are competencies required for a successful clinician, the third year resident will demonstrate achieved objectives in year one and two with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

| Competency   | Required Skill(s)  | Teaching Method(s)    | Formative Evaluation | Frequency of |
|--------------|--|-----------------------|----------------------|--------------|
|              |  |                       | Method(s)            | Evaluation   |
| Patient Care | SPECIALTY SPECIFIC OBJECTIVES                              |                       |                      |              |
|              | Perform the following procedures generally performed on    | Conferences/Didactics | Direct Feedback      | Daily        |
|              | the Inhouse Internal Medicine Rotation (procedures denoted | Grand Rounds          | Global Evaluation    | Monthly      |
|              | with an "*" are optional)                                  | Patient Assessment    | In-training Exam     | Annually     |

| Advanced cardiac life support                   | Case Presentations | QA Review                               | Monthly |
|---|--------------------|---|---------|
| Admission to cardiac monitor/telemetry (10)     |                    | (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. |         |
| Admission to intensive care unit                |                    |   |         |
| • Number of Admissions (15)                     |                    |   |         |
| Medical Resuscitation (10)                      |                    |   |         |
| • X-Ray Interpretation (10)                     |                    |   |         |
| • Electrocardiogram interpretation (25)         |                    |   |         |
| *Endometrial biopsy (1)                         |                    |   |         |
| • Fracture management simple non-displaced (5)  |                    |   |         |
| • Foreign body removal (1)                      |                    |   |         |
| • Laceration repair (5)                         |                    |   |         |
| • Lumbar puncture adult (3)                     |                    |   |         |
| • *Lumbar puncture pediatric (3)                |                    |   |         |
| • I&D abscess or cyst (3)                       |                    |   |         |
| • Intrauterine device placement and removal (3) |                    |   |         |
| • Joint aspiration and injection (1)            |                    |   |         |
| • Nasogastric intubation (1)                    |                    |   |         |
| *Pediatric Advanced Life Support                |                    |   |         |
| *Neonatal Advanced Life Support                 |                    |   |         |
| • Regional anesthetic block (1)                 |                    |   |         |
| • Skin biopsy (1)                               |                    |   |         |
| • Soft tissue injections (1)                    |                    |   |         |
| • Uncomplicated joint reduction (3)             |                    |   |         |
| • Wound debridement (2)                         |                    |   |         |
| • Bone marrow biopsy in adults (1)              |                    |   |         |
| • Diagnostic paracentesis (1)                   |                    |   |         |
| • Diagnostic thoracocentesis (1)                |                    |   |         |
| • Paracentesis (1)                              |                    |   |         |
| • Thoracocentesis (1)                           |                    |   |         |
| • Central venous access (10)                    |                    |   |         |
| • Intubation (5)                                |                    |   |         |
| • Procedural Sedation (5)                       |                    |   |         |
| • Eye Exam for Foreign Body (1)                 |                    |   |         |
| • Trauma Resuscitation (5)                      |                    |   |         |
| • Medical Resuscitation (10)                    |                    |   |         |

| • Anterior nasal packing (1) • Arterial puncture (1)   |  |   |   |   |
|--|--|---|---|---|
| Provide up to date, compassionate admitted to the hospital while inte medicine, local standards of care, care markers and specialty recommends consultation  | grating evidence based nationally defined quality  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
| Integrate reasonable and safe met up of patients upon discharge  | •  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
| Evaluate, diagnose, and formulate patients with the following diseas  Cardiovascular conditions incl myocardial infarction, dysryth failure, hypertension, cardiomy coronary artery disease.  Gastrointestinal disorders inclu pancreatitis, colitis, diverticulir ulcer disease, and bowel obstruction.  Management and diagnosis of disorders including hypo/hype hypo/hypernatremia, hypo/hype hypo/hypernatremia, hypo/hype acidosis/alkalosis.  Endocrine conditions including thyroid disorders, adrenal disease.  Renal conditions including urin nephrolithiiasis, acute and chroobstruction.  Hematologic conditions including coagulopathies, mononucleosis major hemaglobinopathies.  Musculoskeletal conditions increase osteoarthritis. | es: uding cardiac arrest, mias, congestive heart ropathies, pericarditis and uding hepatitis, cirrhosis, cis, cholecystitis, peptic action. fluid and electrolyte ckalemia, ercalcemia, and g diabetes mellitus, ases, and lipid disorders. hary tract infections, onic renal failure and ing anemia, s, polycythemia, and |   |   |   |

|                   | <ul> <li>Infectious diseases (bacterial, viral, and fungal) that are commonly encountered in the adult population.</li> <li>Neurological conditions including stroke/TIA's, seizures, meningitis, coma, movement disorders, dementia, delirium, nerve entrapment syndromes and tumors.</li> <li>Pulmonary disorders including asthma, COPD, bronchitis, pneumonia, thromboembolism, fibrosis, neoplasms, respiratory failure and evaluation of pulmonary function testing.</li> </ul> |   |   |   |
|-------------------|---|---|---|---|
|                   | Maintain adequate, compassionate communication between the patient and medical staff  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations               | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                   | Formulate a rational plan of care for patients including diagnostic testing, initiation and alteration of medications, and specialty consultation   | Conferences/Didactics Grand Rounds Patient Assessment Case Presentations                        | Direct Feedback Global Evaluation In-training Exam QA Review          | Daily<br>Monthly<br>Annually<br>Monthly |
|                   | Perform a comprehensive history and physical examination of the adult patient   | Conferences/Didactics Grand Rounds Patient Assessment Case Presentations Self-Directed Learning | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
| Medical Knowledge | SPECIALTY SPECIFIC OBJECTIVES  Apply knowledge of the normal anatomy and physiology to the evaluation, diagnosis, and treatment of patients.  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations               | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                   | Apply normal variants in organ function in the older patient to patient care.   | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations               | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                   | Diagnose common disorders in the adult medical patient  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations               | Direct Feedback Global Evaluation In-training Exam QA Review          | Daily<br>Monthly<br>Annually<br>Monthly |

|                         |   | Self-Directed Learning |                   |          |
|-------------------------|---|------------------------|-------------------|----------|
| Practice Based          | SPECIALTY SPECIFIC OBJECTIVES                                 |                        |                   |          |
| Learning and            | See General Family Medicine Objectives for a                  |                        |                   |          |
| Improvement             | comprehensive list.   |                        |                   |          |
|                         | Identify strengths, deficiencies and limits in one's          | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         | knowledge and expertise; set learning and improvement         | Grand Rounds           | Global Evaluation | Monthly  |
|                         | goals; and identify and perform appropriate learning          | Patient Assessment     | In-training Exam  | Annually |
|                         | activities  | Case Presentations     | QA Review         | Monthly  |
|                         | Locate, appraise and assimilate evidence from scientific      | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         | studies related to their patients' health problems (i.e., use | Grand Rounds           | Global Evaluation | Monthly  |
|                         | information technology to optimize learning and evidence      | Patient Assessment     | In-training Exam  | Annually |
|                         | based resources)  | Case Presentations     | QA Review         | Monthly  |
|                         | Educate patients, families, students, residents and other     | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         | health professionals  | Grand Rounds           | Global Evaluation | Monthly  |
|                         |   | Patient Assessment     | In-training Exam  | Annually |
|                         |   | Case Presentations     | QA Review         | Monthly  |
| Interpersonal and       | SPECIALTY SPECIFIC OBJECTIVES                                 |                        |                   |          |
| Communication<br>Skills | See General Family Medicine Objectives for a                  |                        |                   |          |
|                         | comprehensive list.   |                        |                   |          |
|                         | Communicate effectively with families                         | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         |   | Grand Rounds           | Global Evaluation | Monthly  |
|                         |   | Patient Assessment     | In-training Exam  | Annually |
|                         |   | Case Presentations     | QA Review         | Monthly  |
|                         | Educate patients and their families about available           | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         | community resources   | Grand Rounds           | Global Evaluation | Monthly  |
|                         |   | Patient Assessment     | In-training Exam  | Annually |
|                         |   | Case Presentations     | QA Review         | Monthly  |
|                         | Provide appropriate psychosocial support and counseling       | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         | options available to patients and families                    | Grand Rounds           | Global Evaluation | Monthly  |
|                         |   | Patient Assessment     | In-training Exam  | Annually |
|                         |   | Case Presentations     | QA Review         | Monthly  |
|                         | Convey information in a clear and concise manner to           | Conferences/Didactics  | Direct Feedback   | Daily    |
|                         | patients, families, and other health professionals (i.e., use | Grand Rounds           | Global Evaluation | Monthly  |
|                         | appropriate vocabulary choice, realistic outcomes, and        | Patient Assessment     | In-training Exam  | Annually |
|                         | working with difficult patients and family)                   | Case Presentations     | QA Review         | Monthly  |

| Professionalism           | SPECIALTY SPECIFIC OBJECTIVES   |  |   |   |
|---------------------------|---|--|---|---|
|                           | See General Family Medicine Objectives for a comprehensive list.  |  |   |   |
|                           | Provide compassionate and high quality care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class   | Conferences/Didactics Grand Rounds Patient Assessment Case Presentations Press Gainey Survey             | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                           | Exemplify highest standards of professionalism when interacting with patients, families or other health care providers (i.e., integrity, respect, accountability, punctuality)  | Conferences/Didactics Grand Rounds Patient Assessment Case Presentations Press Gainey Survey             | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                           | Initiate discussion with patients and family about "difficult situations" involving poor outcomes, poor prognosis, and/or risk versus benefit of various treatment modalities including terminal illnesses such as malignancy and chronic illnesses with poor outcome potential such as advancing dementias | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations<br>Press Gainey Survey | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
| Systems-Based<br>Practice | SPECIALTY SPECIFIC OBJECTIVES  See General Family Medicine Objectives for a comprehensive list.   |  |   |   |
|                           | Utilize the most cost efficient and least risk-benefit modalities in patient care   | Conferences/Didactics Grand Rounds Patient Assessment Case Presentations                                 | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                           | Advocate for quality patient care and optimal patient care systems  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations                        | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                           | Integrate various ancillary modalities of patient care that are available including physical and occupational therapy, speech therapy, wound care, nutritional education  | Conferences/Didactics Grand Rounds Patient Assessment Case Presentations                                 | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |
|                           | Determine correct coding and billing relevant to internal medicine care into practice.  | Conferences/Didactics<br>Grand Rounds<br>Patient Assessment<br>Case Presentations                        | Direct Feedback<br>Global Evaluation<br>In-training Exam<br>QA Review | Daily<br>Monthly<br>Annually<br>Monthly |

| Lead an interprofessional team to enhance patient safety | Conferences/Didactics | Direct Feedback   | Daily    |
|--|-----------------------|-------------------|----------|
| and improve patient care quality in various health care  | Grand Rounds          | Global Evaluation | Monthly  |
| delivery settings and systems                            | Patient Assessment    | In-training Exam  | Annually |
|  | Case Presentations    | QA Review         | Monthly  |

## **Educational Resources**

- <u>www.uptodate.com</u> (available free through <u>www.utdol.com</u> in Jackson General Hospital based computers)
- The Washington Manual of Medical Therapeutics, 2<sup>nd</sup> edition
- Practical Guide to The Care of the Medical Patient, Fred Ferri 6<sup>th</sup> edition
- www.epocrates.com
- www.emedicine.com
- ACLS Handbook
- Tarascon Internal Medicine
- Current Clinical Strategies in Family Medicine 2006 edition

# **Assessment Method (Program Evaluation)**

How do you evaluate whether this educational experience is effective?

- 1. Written feedback on monthly faculty evaluation form
- 2. Annual 360 degree program evaluation
- 3. Direct Feedback during Advisor/Advisee meetings quarterly
- 4. Direct Feedback during Program Director/Resident meetings monthly

# **Level of Supervision**

- -Direct observation by faculty
- -Verbal consultation with faculty.
- -Direct observation/verbal consultation with ER faculty.

## **Educational Resources**

List the educational resources

www.uptodate.com (available free through www.utdol.com in Jackson

General Hospital based computers)

The Washington Manual of Medical Therapeutics, 2<sup>nd</sup> edition

Practical Guide to The Care of the Medical Patient, Fred Ferri 6<sup>th</sup> edition

www.epocrates.com

www.emedicine.com

**ACLS Handbook** 

Tarascon Internal Medicine

Current Clinical Strategies in Family Medicine 2006 edition